

2004 Inauguration Ticket Request Form

Name(s) * _____

Address * _____

County * _____

Phone # * _____

Cell phone # _____

Email address* _____

of Tickets Requested * _____

Any Special Needs (wheel chair, interpreter, etc.)? * _____

If so, what needs?

Date Request Made * _____ Taken By * _____

* indicates required information or the request will not be processed
Fax completed form to (202) 225-4744 attention Anne Stanski or email to
anne.stanski@mail.house.gov

*NOTE: Subject line must be titled – 2004 Inauguration Ticket Request